

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107089985**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		2				
4		1				
5	/					
6		/				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
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48				/		
49				/		
50				/		
TOTAL IND.	2		2			
TOTAL DEP.	13		11			
TOTAL CLAIMS	15		13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						